



UNITED STATES
ENVIRONMENTAL PROTECTION AGENCY
REGION V

111 West Jackson Blvd.
CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:
RCRA ACTIVITIES

MAY 14 1982

Andrew Resetar, Design Engineer
TRW Incorporated
23555 Euclid Avenue
Cleveland, Ohio 44117

RE: Interim Status Acknowledgement USEPA ID No. OHD 004 179 453
FACILITY NAME: TRW INC

Dear Mr. Resetar:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief
Waste Management Branch

Enclosure

cc: G. E. Schrader

28/5/82



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• OMD004179453

REACKNOWLEDGEMENT

TRW INC
23555 EUCLID AVENUE
CLEVELAND

OH 44117

INSTALLATION ADDRESS

23555 EUCLID AVE
CLEVELAND

OH 44117

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

OH0004179453

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

TRW INC
23555 EUCLID AVE
CLEVELAND, OH 44117

III. LOCATION OF INSTALLATION

23555 EUCLID AVE
CLEVELAND, OH 44117

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

0 H D 0 0 4 1 7 9 4 5 3

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 24 1981

CONTINUE ON REVERSE

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 6 23 - 26	6 F 0 0 7 23 - 26
7 F 0 0 8 23 - 26	8 F 0 0 9 23 - 26	9 F 0 1 0 23 - 26	10 F 0 1 1 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 P 0 2 9 23 - 26	32 P 0 3 0 23 - 26	33 P 0 9 8 23 - 26	34 P 1 0 6 23 - 26	35 U 0 0 2 23 - 26	36 U 0 1 3 23 - 26
37 U 0 1 9 23 - 26	38 U 0 7 5 23 - 26	39 U 0 8 0 23 - 26	40 U 1 3 4 23 - 26	41 U 1 5 1 23 - 26	42 U 1 5 9 23 - 26
43 U 1 6 0 23 - 26	44 U 2 2 0 23 - 26	45 U 2 2 6 23 - 26	46 U 2 2 8 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



C. T. Bingham, Manager, Plant Services

5/19/81

W0HD00417945321

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 F 0 0 6 23 - 26	6 F 0 0 7 23 - 26
7 F 0 0 8 23 - 26	8 F 0 0 9 23 - 26	9 F 0 1 0 23 - 26	10 F 0 1 1 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

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31 P 0 2 9 23 - 26	32 P 0 3 0 23 - 26	33 P 0 9 8 23 - 26	34 P 1 0 6 23 - 26	35 U 0 0 2 23 - 26	36 U 0 1 3 23 - 26
37 U 0 1 9 23 - 26	38 U 0 7 5 23 - 26	39 U 0 8 0 23 - 26	40 U 1 3 4 23 - 26	41 U 1 5 1 23 - 26	42 U 1 5 9 23 - 26
43 U 1 6 0 23 - 26	44 U 2 2 0 23 - 26	45 U 2 2 6 23 - 26	46 U 2 2 8 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☒ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

C. T. Bingham

C. T. Bingham Manager, Plant Services

8/11/80

TRW Aircraft Components
Group

23555 Euclid Avenue
Cleveland, OH 44117

June 6, 1983

RECEIVED

JUN 21 1983

WASTE MANAGEMENT BRANCH
EPA, REGION V

Mr. T. Crepeau
Division of Permits and Manifest Records
P. O. Box 1049
361 East Broad Street
Columbus, Ohio 43215

OHIO 004 179 453 PA, G, TSD, PASI

Dear Mr. Crepeau:

The original Resource Conservation and Recovery Act (RCRA) Part A permit application included information regarding a waste treatment system located at TRW's Euclid, Ohio facility (Items 1 through 10, inclusive, Page 1 of 5). This waste treatment system treats acid, alkali, chromium and cyanide wastes generated by electroplating and metal finishing operations. Due to revisions in RCRA and the fact that the waste treatment system's discharge is regulated by a National Pollutant Discharge Elimination System permit (OH0000281), said information has been removed from the Part A application.

The following revisions were also made to the application:

- 1) Removed information regarding a 1, 1, 1 - trichloroethane still recovery/recycling system (Section III C, Page 2 of 5).
- 2) Added D008 hazardous waste (Item 4, Page 3 A of 5).
- 3) Increased amount of "D002" solid corrosive material (Item 2, Page 3A of 5).
- 4) Added a hazardous waste storage area (Item 5, Page 1 of 5).

RECEIVED
6/21/83

TRW Inc.

Mr. T. Crepeau
June 6, 1983
Page 2

- 5) Added treatment rate for Otto fuel dewatering tank (Item 7, Page 1 of 5).
- 6) Removed treatment designation from Item 1, Page 3A of 5 since material is beneficially reused.

The amended application is hereby submitted for your records.
Please advise me if you have any questions.

Respectfully,



Andrew L. Resetar
Plant Engineering Department

Attachment

cc: RCRA Activities
USEPA
Region V

ALR/i

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px;"> F O H D 0 0 4 1 7 9 4 5 3 </div>
II. POLLUTANT CHARACTERISTICS <div style="border: 1px solid black; padding: 5px; min-height: 150px;"> <p style="text-align: center; font-weight: bold;">PLEASE PLACE LABEL IN THIS SPACE</p> </div>		GENERAL INSTRUCTIONS <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>

SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY			
1	SKIP	TRW INC	
IV. FACILITY CONTACT			
A. NAME & TITLE (last, first, & title)		B. PHONE (area code & no.)	
2	RESETAR ANDREW DESIGN ENGINEER	216	692 5475
V. FACILITY MAILING ADDRESS			
A. STREET OR P.O. BOX			
3	23555 EUCLID AVENUE		
B. CITY OR TOWN		C. STATE	D. ZIP CODE
4	CLEVELAND	OH	44117
VI. FACILITY LOCATION			
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER			
5	23555 EUCLID AVENUE		
B. COUNTY NAME		C. CITY OR TOWN	
6	CUYAGOGA	CLEVELAND	
D. STATE		E. ZIP CODE	F. COUNTY CODE (if known)
6	OH	44117	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
7	3	7	2	7			
(specify) Aircraft Engine Components (Metal Finishing)				(specify)			
C. THIRD				D. FOURTH			
7				7			
(specify)				(specify)			

VIII. OPERATOR INFORMATION

A. NAME										B. Is the name listed in Item VIII-A also the owner?	
TRW INC										<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)										D. PHONE (area code & no.)	
F = FEDERAL		M = PUBLIC (other than federal or state)		P (specify)		A		216		692	
S = STATE		O = OTHER (specify)								5475	
P = PRIVATE											
E. STREET OR P.O. BOX											
23555 EUCLID AVENUE											
F. CITY OR TOWN						G. STATE		H. ZIP CODE		IX. INDIAN LAND	
CLEVELAND						OH		44117		Is the facility located on Indian lands?	
										<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
OH00000281										N/A									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
N/A										N/A									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
N/A										N/A									

XI. MAP
 Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture aircraft engine components.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
F. J. Rechin				3/1/13	
V.P. & Gen. Mgr., TRW Aircraft Comp. Grp.					

COMMENTS FOR OFFICIAL USE ONLY

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FORM 3 RCRA EPA HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA)

I. EPA I.D. NUMBER 1 OH D 0 0 4 1 7 9 4 5 3

FOR OFFICIAL USE ONLY

APPLICATION APPROVED DATE RECEIVED (yr., mo., & day)

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (Use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

1. FACILITY HAS INTERIM STATUS

2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)
X-1	S 0 2	600	G
X-2	T 0 3	20	E
1	S 0 2	30,000	G
2	S 0 2	1,000	G
3	S 0 2	2,000	G
4	S 0 1	4,400	G

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY	FOR OFFICIAL USE ONLY
		1. AMOUNT	2. UNIT OF MEASURE (enter code)
5	S 0 1	23,100	G
6	S 0 2	30,000	G
7	T 0 1	3	U
8			
9			
10			

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "104"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

N/A

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. X-1 X-2 X-3 X-4	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES					
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))	
X-1	K 0 5 4	900	P	T	0	3	D	8	0
X-2	D 0 0 2	400	P	T	0	3	D	8	0
X-3	D 0 0 1	100	P	T	0	3	D	8	0
X-4	D 0 0 2								included with above

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY												
W 0 H D 0 0 4 1 7 9 4 5 3 1													W 2 DUP												
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																									
LINE NO.	A. EPA HAZARD WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES																					
				1. PROCESS CODES (enter)																					
				27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48
1	D 0 0 1	410	T	S	0	2																			
2	D 0 0 2	500 *	T	S	0	1																			
3	D 0 0 3	670	P	S	0	2	T	0	1																
4	D 0 0 8	5	T	S	0	1																			
5																									
6																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
14																									
15																									
16																									
17																									
18																									
19																									
20																									
21																									
22																									
23																									
24																									
25																									
26																									

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W										W									
1										2 DUP									

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 2	3200	P	S 0 1	
2	F 0 0 3	2500	P	S 0 1	
3	F 0 0 5	4700	P	S 0 1	
4	F 0 0 6	5900	T	S 0 2	
5	F 0 0 7	See F006	T	S 0 2	
6	U 1 5 1	10	P	S 0 1	
7	U 1 5 9	See F005	P	S 0 1	
8	U 1 6 0	1	P	S 0 1	
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

N/A

EPA I.D. NO. (enter from page 1)

F	O	H	D	0	0	4	1	7	9	4	5	3	6
---	---	---	---	---	---	---	---	---	---	---	---	---	---

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	3	4	0	4	0
---	---	---	---	---	---	---

0	8	1	3	1	0	1	8
---	---	---	---	---	---	---	---

VIII. FACILITY OWNER
☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

E	N/A
---	-----

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

F

G

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

F. J. Rechin

V.P. & Gen. Mgr., TRW Aircraft Comp. Grp.

B. SIGNATURE

C. DATE SIGNED

2/9/83

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

F. J. Rechin

V.P. & Gen. Mgr., TRW Aircraft Comp. Grp.

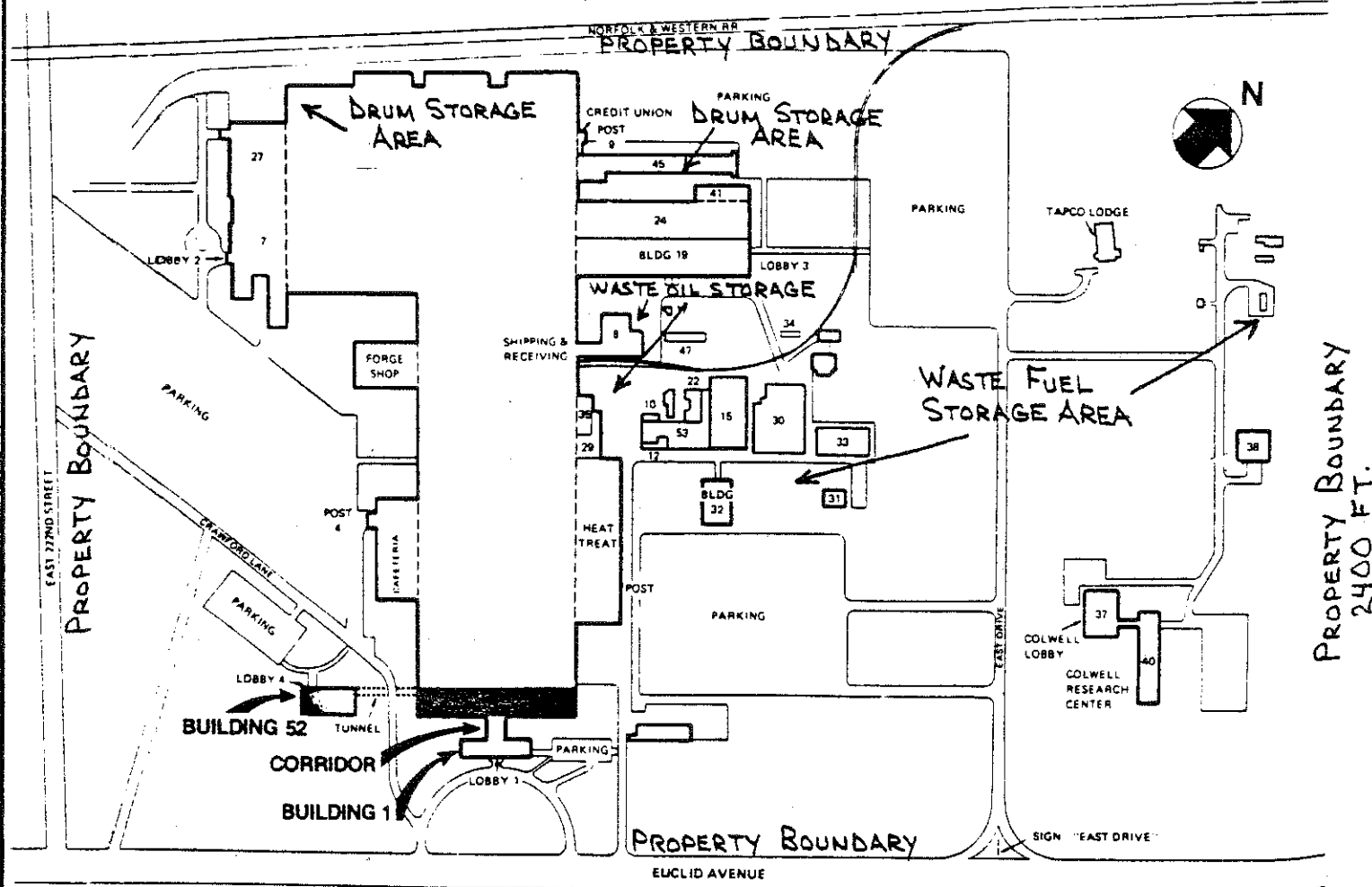
B. SIGNATURE

C. DATE SIGNED

2/9/83

TRW EUCLID PROPERTY

4000 FT



TRW

GENERAL OFFICES

November 14, 1980

ATTACHMENT "A"

Y. J. Kim
EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Please be advised that a solid corrosive material is generated from metal finishing operations at this plant. This statement is intended to notify you that an appropriate EPA Hazardous Waste Number is not included in Part 261. The estimated annual quantity of this waste is 250 tons.

FORM 3 RCRA		ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program (This information is required under Section 3005 of RCRA.)	I. EPA I.D. NUMBER											
			S F 0 H D 0 0 4 1 7 9 4 5 3 3 1											

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

<input checked="" type="checkbox"/> 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)	<input type="checkbox"/> 2. NEW FACILITY (Complete item below.)
71 C YR. MO. DAY 8 6 9 0 1 0 1 73 74 75 76 77 78	71 C YR. MO. DAY 73 74 75 76 77 78
FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

<input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS	<input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT
72	72

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS	PRO- CESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:			Treatment:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS	TANK	T01	GALLONS PER DAY OR LITERS PER DAY
TANK	S02	GALLONS OR LITERS	SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS	INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS	OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY
Disposal:					
INJECTION WELL	D79	GALLONS OR LITERS			
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER			
LAND APPLICATION	D81	ACRES OR HECTARES			
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY			
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS			
UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G	LITERS PER DAY	V	ACRE-FEET	A
LITERS	L	TONS PER HOUR	D	HECTARE-METER	F
CUBIC YARDS	Y	METRIC TONS PER HOUR	W	ACRES	B
CUBIC METERS	C	GALLONS PER HOUR	E	HECTARES	Q
GALLONS PER DAY	U	LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	C												DUP	T/A C	3 1																						
1 2													13 14 15																								
LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY	LINE NUMBER	A. PRO- CESS CODE (from list above)	B. PROCESS DESIGN CAPACITY										FOR OFFICIAL USE ONLY												
		1. AMOUNT (specify)					2. UNIT OF MEAS- URE (enter code)								1. AMOUNT					2. UNIT OF MEAS- URE (enter code)																	
		16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32			16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32
X-1	S 0 2	600										G		5	T 0 1	576,000										U											
X-2	T 0 3	20										E		6	T 0 1	115,200										U											
1	T 0 1	24,000										U		7	T 0 1	57,600										U											
2	S 0 2	4,500										G		8	T 0 1	86,400										U											
3	T 0 1	12,000										U		9	T 0 1	144,000										U											
4	S 0 2	2,300										G		10	T 0 1	57,600										U											

over

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

✓ T 0 1	57,600	U	✓
T 0 1	3,500	U	✓
T 0 3	54	E	
T 0 1	72,000	U	✓
S 0 2	16,000	G	✓
S 0 2	30,000	G	✓
S 0 2	1,000	G	✓
T 0 1	4,200	U	✓
S 0 2	2,000	G	✓
✓ S 0 1	27,500	G	✓

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS.....	P
TONS.....	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS.....	K
METRIC TONS.....	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

EPA I.D. NUMBER (enter from page 1)										FOR OFFICIAL USE ONLY									
W	1	2	3	4	5	6	7	8	9	S	T/A	C	1	2	3	4	5	6	7
0	0	0	0	4	1	7	9	4	5	3	2	DUP	3	2	DUP				
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																			
WASTE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES															
				1. PROCESS CODES (enter)				2. PROCESS DESCRIPTION (if a code is not entered in D(1))											
1	D 0 0 1	410000	T	S 0 2	T 0 3														
2	See Attachment "A"																		
3	D 0 0 3	670000	P	S 0 2	T 0 1														
4	D 0 0 2	250	T	S 0 1						See Attachment									
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
13																			
14																			
15																			
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17																			
18																			
19																			
20																			
21																			
22																			
23																			
24																			
25																			
26																			

EPA I.D. NUMBER (enter from page 1)													FOR OFFICIAL USE ONLY														
<div> <div>W</div> <div>0</div> <div>H</div> <div>D</div> <div>0</div> <div>0</div> <div>4</div> <div>1</div> <div>7</div> <div>9</div> <div>4</div> <div>5</div> <div>3</div> <div>3</div> <div>1</div> </div>													<div> <div>W</div> <div>DUP</div> <div>3</div> <div>2</div> <div>DUP</div> </div>														
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																											
WASTE NO. (enter code)	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE (enter code)	C. UNIT OF MEASURE (enter code)	D. PROCESSES																							
				<div> <div>1. PROCESS CODES (enter)</div> <div>2. PROCESS DESCRIPTION (if a code is not entered in D(1))</div> </div>																							
23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
B01	F 0 0 1	36,000	P	T 0 1	S 0 2																						
B02	F 0 0 2	100	P	T 0 1	S 0 2																						
B03	F 0 0 3	2,500	P	S 0 1																							
B04	F 0 0 5	4,700	P	S 0 1																							
B05	F 0 0 6	5,900	T	S 0 2	T 0 1																						
B06	F 0 0 7	See F006	T	S 0 2	T 0 1																						
B07	F 0 0 8	See F006	T	S 0 2	T 0 1																						
B08	F 0 0 9	See F006	T	S 0 2	T 0 1																						
B09	F 0 1 0	33,000	P	S 0 2																							
B10	F 0 1 1	See F010	P	S 0 2																							
B11	P 0 2 9	See F006	T	S 0 2	T 0 1																						
B12	P 0 3 0	See F006	T	S 0 2	T 0 1																						
B13	P 0 9 8	See F006	T	S 0 2	T 0 1																						
B14	P 1 0 6	See F006	T	S 0 2	T 0 1																						
B15	U 0 0 2	See F003	P	S 0 1																							
B16	U 0 1 3	1000	P	S 0 1																							
B17	U 0 1 9	See F003	P	S 0 1																							
B18	U 0 7 5	1000	P	S 0 1																							
B19	U 0 8 0	1000	P	S 0 1																							
B20	U 1 3 4	See F006	T	S 0 2	T 0 1																						
B21	U 1 5 1	1000	P	S 0 1																							
B22	U 1 5 9	See F005	P	S 0 1																							
B23	U 1 6 0	1000	P	S 0 1																							
B24	U 2 2 0	See F005	P	S 0 1																							
B25	U 2 2 6	See F001	P	T 0 1	S 0 2																						
B26	U 2 2 8	See F001	P	T 0 1	S 0 2																						

15L

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

S	T/A	C
F	0	6
1	2	3
4	5	6
7	8	9
10	11	12
13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

F6:A/55

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

F6:A/56

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

4	1	3	4	0	4	0
65	66	67	68	69	70	71

0	8	1	3	1	0	1	8
72	73	74	75	76	77	78	79

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		
15 16	45 15 16	40 41 42	47 48 49

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

Vice President, Manufacturing and Technology G. E. Schrader



11-17-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

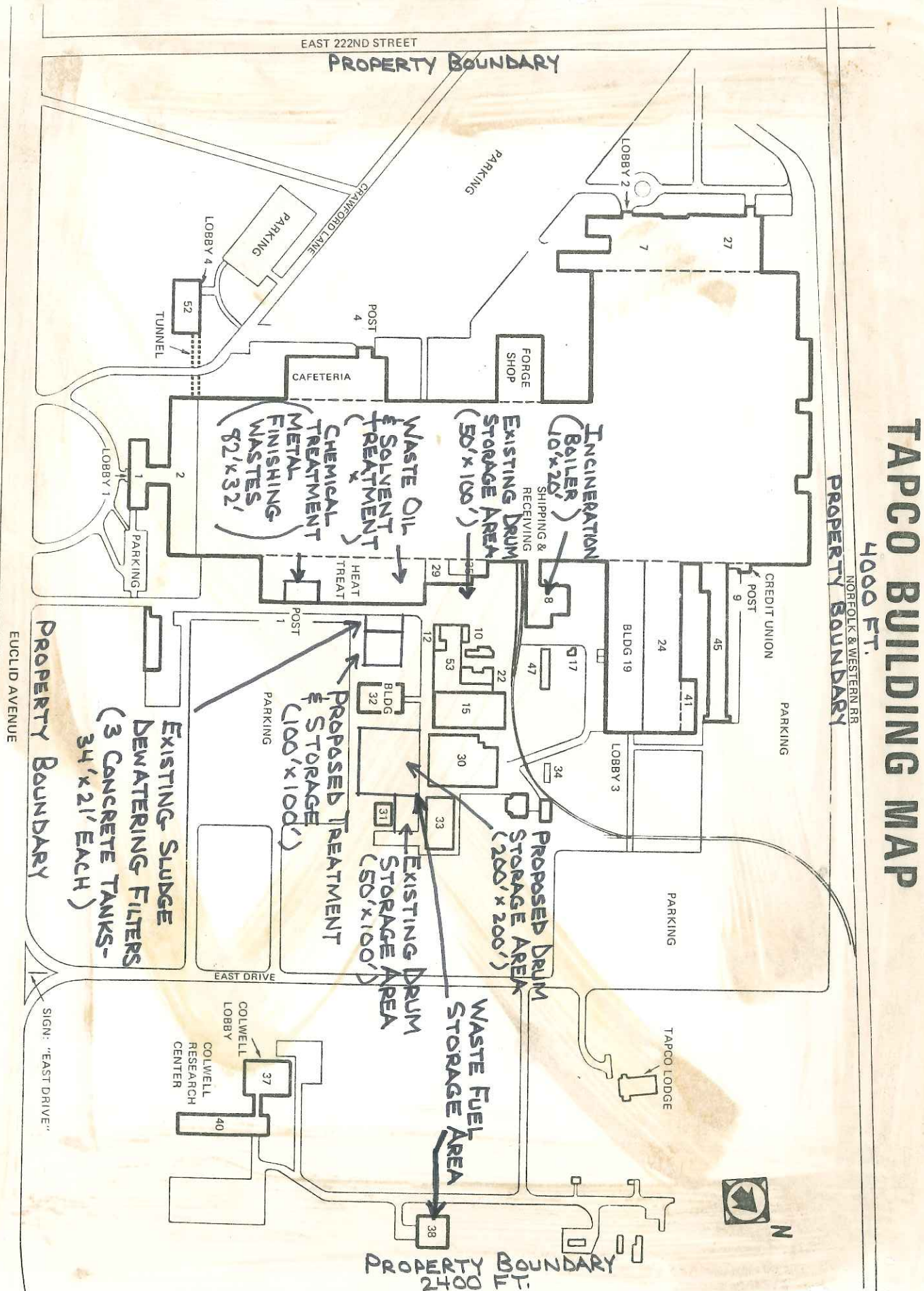
A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

751

V. FACILITY DRAWING (see page 4)





GENERAL OFFICES

751

November 14, 1980

ATTACHMENT "A"
(colene)

Y. J. Kim
EPA Region V
RCRA Activities
P.O. Box 7861
Chicago, Illinois 60680

Please be advised that a solid corrosive material is generated from metal finishing operations at this plant. This statement is intended to notify you that an appropriate EPA Hazardous Waste Number is not included in Part 261. The estimated annual quantity of this waste is 250 tons. (EPA Hazard Waste NO. D002; Unit of Measure T S01).

May 19, 1981

Mr. Y. J. Kim
U.S. Environmental Protection Agency
230 South Dearborn Street
Chicago, Illinois 60604

Dear Sir:

The attached Hazardous Waste Activity Notification Form 8700-12 is being submitted for our warehouse facility located at 1070 East 152nd Street, Cleveland, Ohio 44110. Please be advised that the purpose of this notification is to obtain an EPA identification number to be used only in the event of an accidental spill; i.e. hazardous waste is not generated at the warehouse during normal operations.

Sincerely,

TRW Inc.

Andrew L. Resetar

Andrew L. Resetar
Plant Engineering Department

/j

Attachment

RECEIVED

MAY 29 1981

WASTE MANAGEMENT BRANCH
EPA REGION V

SUB,

ORIGINAL LETTER WITH

NOT. CRT 400015442

AUG 24 1981

FORM 1		ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F 0 H D 0 4 1 7 9 4 5 3 </div>
LABEL ITEMS		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER	HD004179453		
III. FACILITY NAME	IRW INC		
V. FACILITY MAILING ADDRESS	23555 EUCLID AVE CLEVELAND, OH 44117		
VI. FACILITY LOCATION	23555 EUCLID AVE CLEVELAND, OH 44117		

GENERAL INSTRUCTIONS: If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

C 1 SKIP

IV. FACILITY CONTACT

A. NAME & TITLE (last, first, & title)	B. PHONE (area code & no.)
2 R E S E T A R A N D R E W D E S I G N E N G I N E E R	2 1 6 3 8 3 2 3 6 2

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN
3	
C. STATE D. ZIP CODE	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME
5	C U Y A H O G A
C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)	
6	

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	3	7	C	7	(specify)	
15	16	17	18	15	16	17	18
(specify) Aircraft Engine Components (Metal Finishing)				NA			
C. THIRD				D. FOURTH			
C	7	(specify)		C	7	(specify)	
15	16	17	18	15	16	17	18
NA				NA			

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in Item VIII-A also the owner?																				
C																																													
15																									66																				
8	T R W I N C																								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																				
15																																													
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																									
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										(specify)		C		A		2		1		6		3		8		3		2		1		2		1	
P																																													
56																																													

E. STREET OR P.O. BOX																									F. CITY OR TOWN		G. STATE		H. ZIP CODE		IX. INDIAN LAND	
2 3 5 5 5 E U C L I D A V E N U E																															Is the facility located on Indian lands?	
																															<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
																															52	

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)										D. PSD (Air Emissions from Proposed Sources)									
9 N 0 H 0 0 0 0 2 8 1										9 P N A									
15 16 17 18 19 20 21 22 23 24										15 16 17 18 19 20 21 22 23 24									
B. UIC (Underground Injection of Fluids)										E. OTHER (specify)									
9 U N A										9 P N A									
15 16 17 18 19 20 21 22 23 24										15 16 17 18 19 20 21 22 23 24									
C. RCRA (Hazardous Wastes)										E. OTHER (specify)									
9 R N A										9 P N A									
15 16 17 18 19 20 21 22 23 24										15 16 17 18 19 20 21 22 23 24									

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9:A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacture aircraft engine components.

F9:A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
Vice President, Manufacturing and Technology G. E. Schrader	<i>G. E. Schrader</i>	11/17/80

COMMENTS FOR OFFICIAL USE ONLY

C	15	16	17	18	19	20	21	22	23	24

TRW

GENERAL OFFICES

164

December 9, 1980

OHD 004 179 453 G, TSD

U. S. Environmental Protection Agency
RCRA Activities, Region V
Post Office Box 7861
Chicago, Illinois 60680

Dear Sir:

Please send me a copy of the Federal Register 33066-33588,
40 CFR Parts 260-265 and 122-124, and 34560-34705, 49 CFR Parts
172, 172, 178 and 179.

Thank you.

Sincerely,

TRW Inc.

Andrew L. Resetar

Andrew L. Resetar
Plant Engineering Department

/j

DEC 11 1980

TRW INC. • 23555 EUCLID AVENUE • CLEVELAND, OHIO 44117

Sent out Federal Register
and
Federal Register
May 22, 1980

1-20-81

B. L.